



CUSTOMER INFORMATION		
Account ID:	Sales Rep Sales ID:	Sales Rep CUID:
Order Sign Date	Orion/CORE Order #:	
Product Info:	Product Account ID:	
Type of Change: <input type="checkbox"/> New <input type="checkbox"/> Add to Account <input type="checkbox"/> Admin. Change <input type="checkbox"/> Partial <input type="checkbox"/> Disconnect		

Letter of Agency

The undersigned hereby authorizes Qwest Communications Corporation (**QCC**) to act as the Responsible Organization ("RESPORG") for the following toll-free (8XX) numbers. The undersigned understands that this authorization is in accordance with all applicable Qwest state and federal tariffs (currently, Qwest Tariffs No. 2 and No. 3) and any accompanying terms and conditions therein.

Toll-Free Number	Current RespOrg ID	New RespOrg ID	Ring-to Number	Area of Service	New/Port	Switched/Dedicated
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED
		LGT01		<input type="checkbox"/> 48 <input type="checkbox"/> 50 <input type="checkbox"/> Canada <input type="checkbox"/> VI/PR <input type="checkbox"/> International	<input type="checkbox"/> New <input type="checkbox"/> Port	<input type="checkbox"/> SWI <input type="checkbox"/> DED

Initial one of the following

_____The undersigned is not an agent for any third party. The undersigned represents and warrants that it is the exclusive end user subscriber of the toll-free (8XX) numbers(s) listed herein and agrees to indemnify, defend and hold Qwest harmless for all liability and expenses for any breach of that representation and warranty.

_____The undersigned is acting as an expressed authorized agent on behalf of a third party who controls the toll-free (8XX) number(s) listed above.

Please list the third party for which you are acting on behalf of: _____.

(Proof of Letter of Agency for telecommunications, including but not limited to RespOrg, is required).

NOTICE REGARDING USAGE-RELATED INFORMATION

In the course of providing service to you, we will possess certain usage-related information about the quantity, type and destination of telecommunications services you use. You have a right, and we have a duty, to protect the confidentiality of this information.

By signing this form, the undersigned also acknowledges that if this is a new toll-free (8XX) number, this toll-free (8XX) number will not be assigned to undersigned until the toll-free (8XX) number is actually ringing to the ring-to number listed above. In addition, the undersigned authorizes Qwest and agents acting on its behalf to verify and amend the Current RespOrg ID to match that found for the toll free (8XX) number(s) as assigned in the national toll free database for the purposes gaining control of the requested toll free number(s). The undersigned further represents warrants and agrees to indemnify, defend and hold Qwest harmless from any damages that may arise from this new toll-free (8XX) number not being available to the undersigned.

Understood and Agreed:

Signature <i>(required)</i>	Date

Company Name (as listed on current billing invoice):		
Contact:		
Title:		
Service Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Comments:		

FOR INTERNAL USE ONLY

Received Date:	Sales Username:
Processed Date:	City: